



CATAWBA COUNTY BUILDING SERVICES

APPLICATION FOR SAFETY PERMIT

P.O. Box 389, Newton, NC 28658

Newton Office (828) 465-8399

Newton FAX (828) 465-8962

Hickory FAX (828) 322-6814

www.catawbacountync.gov

(Please Print or Type)

Date: _____

Physical Street Address: _____ City: _____ State: _____ Zip Code: _____
YOU WILL BE ASKED TO GIVE DRIVING DIRECTIONS AT THE TIME OF ISSUING THE PERMIT

BUSINESS NAME: _____

APPLICANT: _____ Telephone (____) _____ Email: _____

FAX (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone (____) _____ Email _____

OWNER: _____ Telephone (____) _____ Email _____

FAX (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

INSPECTION REQUESTED BY: ☐ Bldg Inspector ☐ Lessee/Owner ☐ Fire Prevention ☐ Zoning ☐ A-L-E ☐ Other _____

Requested By: _____
(Individuals name)

PREVIOUS USE: _____

PROPOSED USE: _____

TOTAL SQ FT: _____ **Fire District:** _____ **Zoning District:** _____

TYPE OF WORK PLANNED: ☐ Alteration ☐ Addition ☐ Chg of Use ☐ Interior Demo ☐ Rehab (MUST HAVE SAFETY INSP)

(If plans [other than REHAB] have already been started by an architect or an engineer, a Safety Inspection is NOT required)

☐ **SPECIAL EVENT:** DATES/ TIMES: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Codes and all other applicable State and local laws and ordinances and regulations. I understand that a Certificate of Occupancy is required prior to occupying the premises and the Building Services Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner / Applicant Printed Name

Owner / Applicant Signature

Date

OFFICE USE ONLY

Property ID# _____

☐ Building ☐ Fire Only ☐ Zoning